

Public Health Preparedness and Situational Awareness Report: #2019:32

Reporting for the week ending 08/10/19 (MMWR Week #32)

August 16th, 2019

CURRENT HOMELAND SECURITY THREAT LEVELS

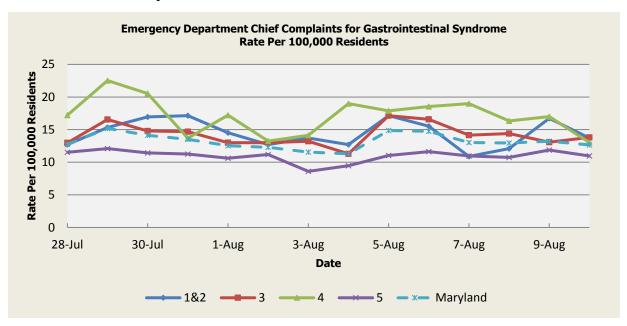
National: No Active Alerts

Maryland: Normal (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the "Other" category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

Gastrointestinal Syndrome

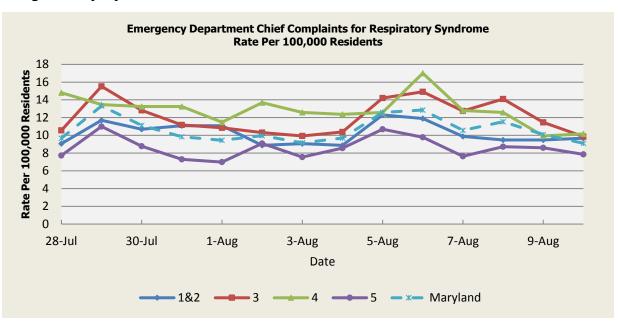


There were four (4) Gastrointestinal Syndrome outbreak reported this week: one (1) outbreak of Gastroenteritis in a shelter (Region 5), one (1) outbreak of Gastroenteritis associated with a Camp (Region 5), one (1) outbreak of Gastroenteritis associated with a Daycare Center (Region 5), one (1) outbreak of Gastroenteritis/Foodborne associated with a Restaurant (Region 5).

	Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	13.27	15.10	15.92	10.25	13.15		
Median Rate*	13.11	14.87	15.46	10.13	13.02		

^{*} Per 100,000 Residents

Respiratory Syndrome

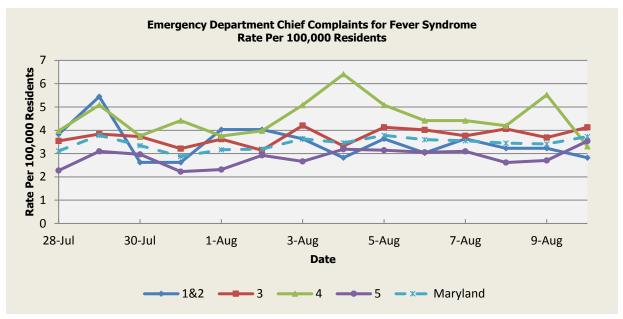


There were no Respiratory Syndrome outbreaks reported this week.

	Respiratory Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	12.62	14.71	15.05	9.96	12.74		
Median Rate*	12.10	14.14	14.35	9.60	12.25		

^{*} Per 100,000 Residents

Fever Syndrome

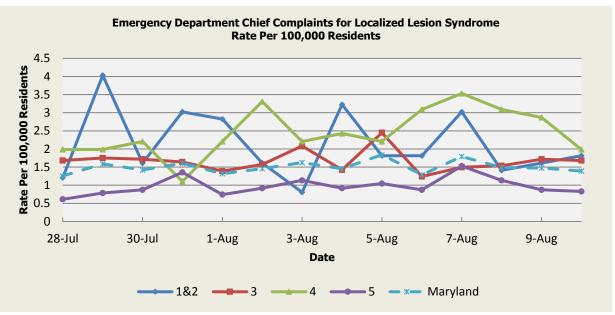


There were no Fever Syndrome outbreaks reported this week.

	Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	3.08	3.90	4.12	3.04	3.52	
Median Rate*	3.02	3.80	3.97	2.92	3.40	

*Per 100,000 Residents

Localized Lesion Syndrome

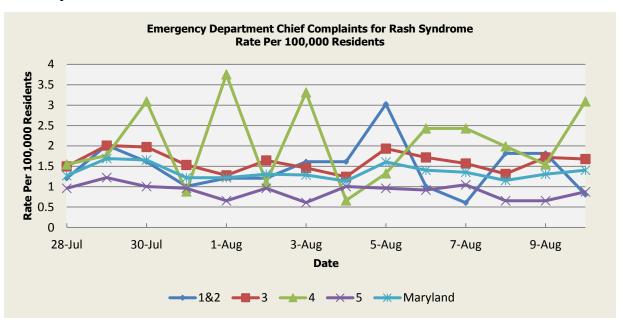


There were no Localized Lesion Syndrome outbreaks reported this week.

	Locali	Localized Lesion Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland			
Mean Rate*	1.14	1.79	2.04	0.91	1.42			
Median Rate*	1.01	1.72	1.99	0.87	1.37			

^{*} Per 100,000 Residents

Rash Syndrome

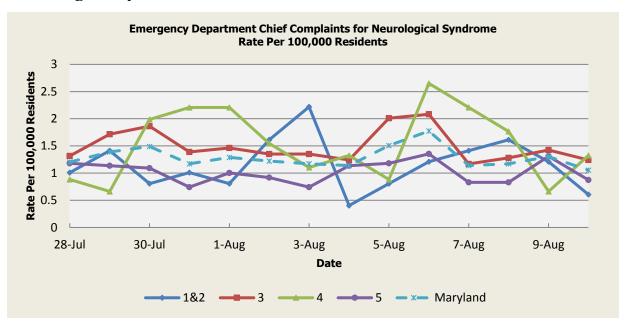


There were no Rash Syndrome outbreaks reported this week.

	Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	1.24	1.68	1.77	0.98	1.38	
Median Rate*	1.21	1.61	1.77	0.92	1.32	

^{*} Per 100,000 Residents

Neurological Syndrome

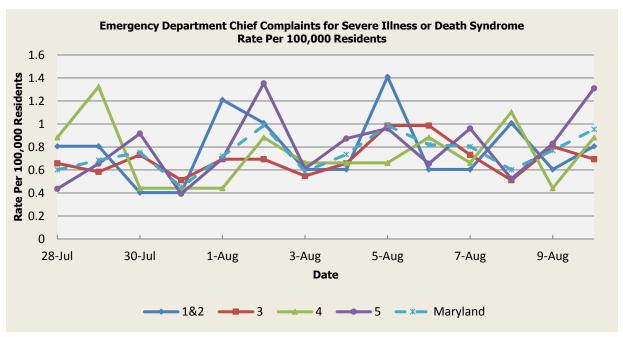


There were no Neurological Syndrome outbreaks reported this week.

	Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	0.78	0.95	0.86	0.60	0.79	
Median Rate*	0.81	0.84	0.66	0.57	0.70	

^{*} Per 100,000 Residents

Severe Illness or Death Syndrome



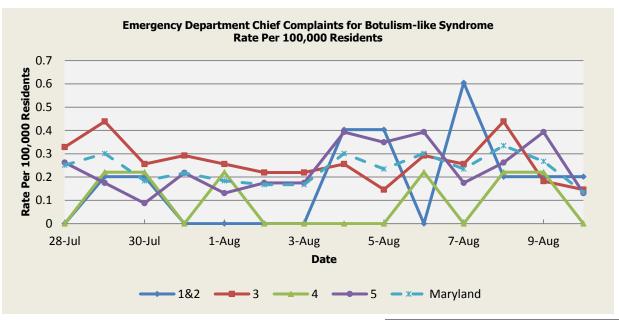
There were no Severe Illness or Death Syndrome outbreaks reported this week.

	Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present							
Health Region	1&2 3 4 5 Maryland							
Mean Rate*	0.66	0.90	0.83	0.51	0.73			
Median Rate*	0.60	0.84	0.66	0.48	0.70			

^{*} Per 100,000 Residents

SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome

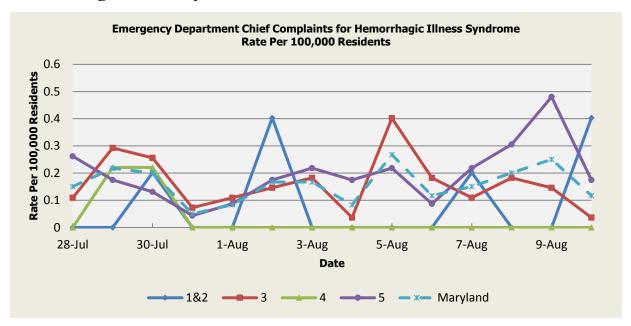


There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on, 7/28 (Regions 3,5), 7/29 (Regions 1&2,3,4,5), 7/30 (Regions 1&2,3,4), 7/31 (Regions 3,5), 8/1 (Regions 3,4), 8/2 (Region 5), 8/3 (Region 5), 8/4 (Regions 1&2,3,5), 8/5 (Regions 1&2,5), 8/6 (Regions 3,4,5), 8/7 (Regions 1&2,3,5), 8/8 (Regions 1&2,3,4,5), 8/9 (Regions 1&2,4,5), 8/10 (Region 1&2). These increases are not known to be associated with any outbreaks.

	Botulism-like Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2 3 4 5 Marylar						
Mean Rate*	0.07	0.12	0.06	0.08	0.10		
Median Rate*	0.00	0.07	0.00	0.04	0.08		

* Per 100,000 Residents

Hemorrhagic Illness Syndrome

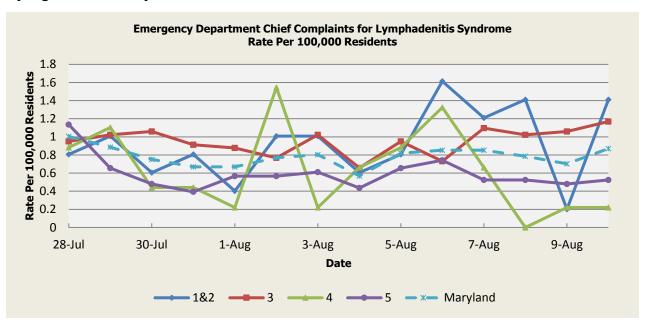


There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on, 7/28 (Region 5), 7/29 (Region 4), 7/30 (Regions 1&2,4), 8/2 (Regions 1&2), 7/29 (Regions 1&2,3,4,5), 7/30 (Regions 1&2,3,4), 8/2 (Region 1&2), 8/5 (Region 3), 8/7 (Region 1&2), 8/8 (Region 5), 8/9 (Region 5), 8/10 (Region 1&2) These increases are not known to be associated with any outbreaks.

	Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	0.04	0.16	0.04	0.13	0.13		
Median Rate*	0.00	0.11	0.00	0.09	0.08		

^{*} Per 100,000 Residents

Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on, 7/28 (Regions 1&2,4,5), 7/29 (Regions 1&2,4), 7/31 (Region 1&2), 8/2 (Regions 1&2,4), 8/3 (Region 1&2), 8/5 (Regions 1&2,4), 8/6 (Regions 1&2,4), 8/7 (Region 1&2), 8/8 (Region 1&2), 8/10 (Region 1&2). These increases are not known to be associated with any outbreaks.

	Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present						
Health Region	1&2	3	4	5	Maryland		
Mean Rate*	0.37	0.59	0.40	0.38	0.48		
Median Rate*	0.40	0.51	0.44	0.35	0.42		

* Per 100,000 Residents

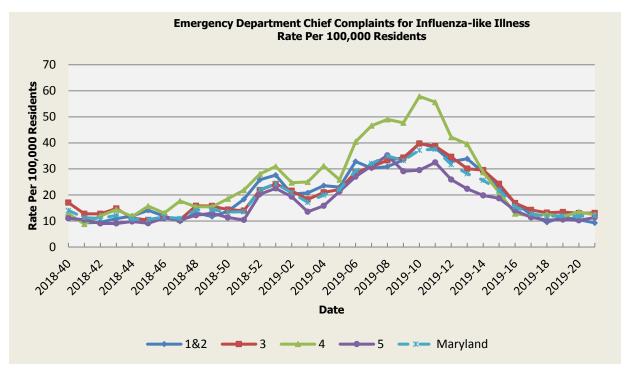
MARYLAND REPORTABLE DISEASE SURVEILLANCE

Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.						
(report continues on next page)						

SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2018 through May 2019).

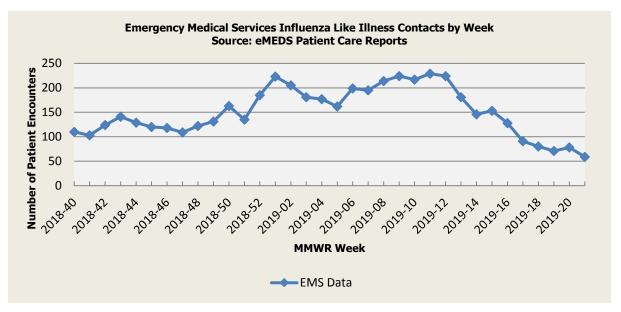
Influenza-like Illness



	Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland	
Mean Rate*	10.20	13.31	12.85	11.28	12.24	
Median Rate*	7.66	10.30	9.27	8.77	9.44	

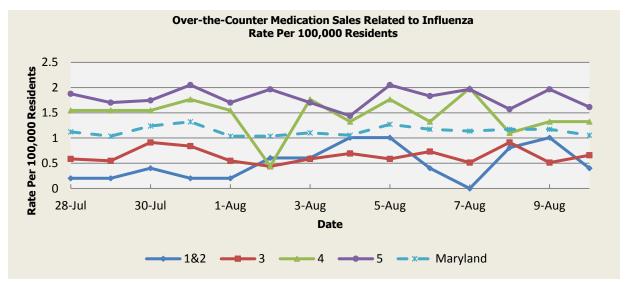
^{*} Per 100,000 Residents

Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected "flu like illness" as a primary or secondary impression of a patient's illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

Over-the-Counter Influenza-Related Medication Sales

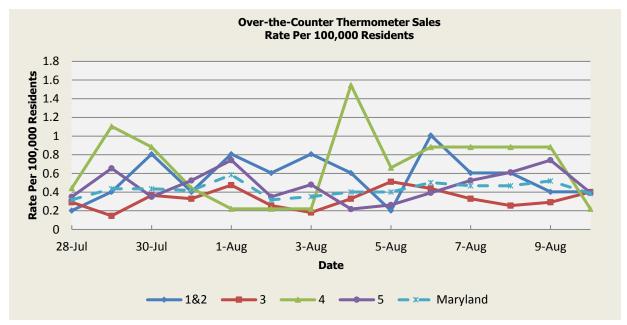


There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

_	OTC Medication Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.49	4.50	2.68	7.87	5.57
Median Rate*	2.82	3.69	2.21	7.16	4.85

^{*} Per 100,000 Residents

Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

	Thermometer Sales Baseline Data January 1, 2010 - Present				
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.98	2.84	2.26	3.77	3.16
Median Rate*	2.62	2.74	2.21	3.67	3.08

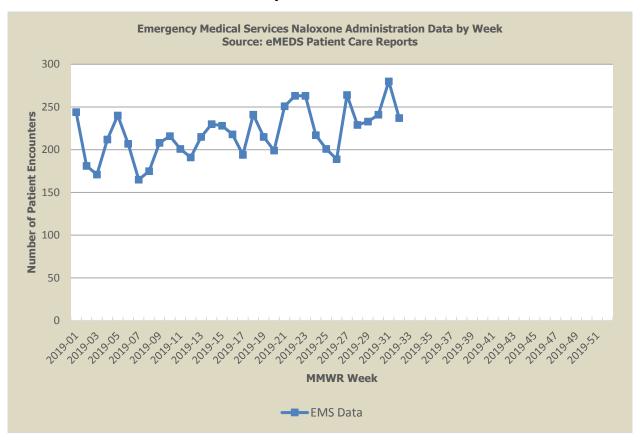
^{*} Per 100,000 Residents

SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

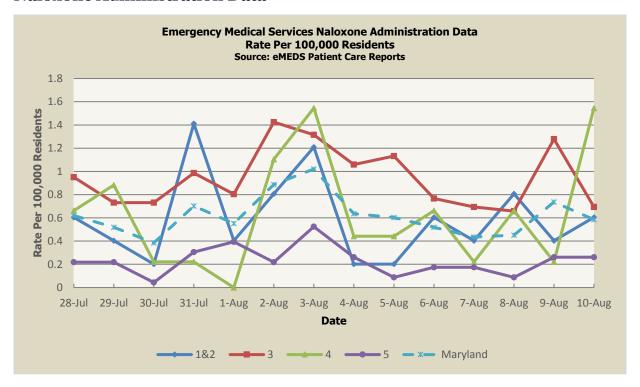
In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of August 15th, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

AVIAN INFLUENZA (MEXICO), 8 Aug 2019, Mexico continues to have an active event of HPAI H7N3. Since the 1st outbreak was identified in March 2019 until 8 Aug 2019, 22 outbreaks have been reported. These outbreaks have been detected in the following states: Mexico (2), Jalisco (3), Hidalgo (3), Queretaro (8), Tlaxcala (1), Guerrero (2), Guanajuato (2), and Veracruz (1). Read More: https://www.promedmail.org/post/6612492

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

HEARTLAND VIRUS (ILLINOIS), 15 Aug 2019, Last summer (2018), a Kankakee County resident tested positive for Heartland virus, the 1st case reported in Illinois (see ProMED-mail archive Heartland virus - (IL) 20180922.6045362). Ticks were collected from the area and sent to the Centers of Disease Control and Prevention (CDC) for Heartland virus testing. Heartland virus was detected in Lone Star ticks collected from Kankakee County. Read More: https://www.promedmail.org/post/6624495

E COLI EHEC (**MINNESOTA**), 15 Aug 2019, Minnesota state health officials said [Tue 13 Aug 2019], 3 children are sick from _E. coli_ bacteria after swimming in a Minneapolis lake.

The children have tested positive for the same strain of _E. coli_ after swimming at Lake Nokomis beaches between [26 Jul and 2 Aug 2019]. 2 beaches of the lake are closed until further notice, the Minnesota Department of Health said. The children, all under the age of 10, were not hospitalized. Read More: https://www.promedmail.org/post/6622983

EASTERN EQUINE ENCEPHALITIS (MASSACHUSETTS), 14 Aug 2019, A man in Massachusetts has been infected with a mosquito-borne virus called eastern equine encephalitis (EEE), health officials confirmed [Sat 10 Aug 2019]. It's the 1st human case reported in the state since 2013. At least 9 towns are at "critical risk" of exposure to the rare but potentially fatal virus, which can cause brain swelling, according to the Massachusetts Department of Public Health. Read More: https://www.promedmail.org/post/6621422

INVASIVE MOSQUITO (CALIFORNIA), 12 Aug 2019, The East Side Mosquito Abatement District and Stanislaus County Public Health have jointly announced the 1st detection of invasive (non-native) _Aedes aegypti_ mosquitoes in the county. Read More: https://www.promedmail.org/post/6618999

INFANT BOTULISM (TEXAS), 12 Aug 2019, The Northeast Texas Public Health District is awaiting confirmation from the Texas Department of State Health Services (DSHS) about another possible case of infant botulism in East Texas. Read More: https://www.promedmail.org/post/6618830

SPHINGOMONAS PAUCIMOBILIS, (NEW YORK), 11 Aug 2019, At least 6 patients at a cancer facility in New York were sickened with a rare blood infection after a nurse allegedly tampered with injectable opioids, diluting the medication with tap water. Read More: https://www.promedmail.org/post/6617057

RABIES (MULTISTATE), 10 Aug 2019, A puppy adopted from the Washington County/Johnson City Animal Shelter was euthanized and tested positive for rabies after it began to show signs of the fatal disease. Read More: https://www.promedmail.org/post/6615389

INTERNATIONAL DISEASE REPORTS

DIPHTHERIA (**INDIA**), 15 Aug 2019, In early July [2019], 2 children from Sathyamangalam in Tamil Nadu's Erode district succumbed to diphtheria. Around this time, several other cases of diphtheria were being reported from the state. Read More: https://www.promedmail.org/post/6624208

PLAGUE (**MADAGASCAR**), 14 Aug 2019, In Madagascar, the plague season has started. The 1st 3 cases of bubonic plague have just been recorded 50 km west of the capital. No deaths have occurred for the moment, but the Ministry of Health is watching. As every year, awareness campaigns have started. Read More: https://www.promedmail.org/post/6622982 **ARSENIC POISONING** (**FRANCE**), 14 Aug 2019, 38 children in France, including babies, living near what was once Europe's largest gold mine have tested positive for arsenic poisoning. Read More: https://www.promedmail.org/post/6622832

TULAREMIA (**SWEDEN**), 14 Aug 2019, Swedish health authorities have warned an outbreak of rabbit fever (tularemia) is expected to grow, with hundreds of people affected so far. Read More: https://www.promedmail.org/post/6622351

HANTAVIRUS (BOLIVIA), 14 Aug 2019, Soldier LC, who completed his military service in the Bolivian Condors School (ESCONBOL) in Sanadita, died of [a] hantavirus [infection], according to laboratory results issued this [Wed 31 Jul 2019] by the National Center for Tropical Diseases (CENETROP) of the Tarija Department of Health Service (SEDES). Read More: https://www.promedmail.org/post/6621160

FOOT & MOUTH DISEASE (ZAMBIA), 13 Aug 2019, Foot and mouth disease [FMD] has broken out in Shamabele area in Chikankata district of Southern province. And Ministry of Livestock officials in Southern province have with immediate effect closed the famous Turn Pike Bata Co-operative Society Abattoir following the outbreak of disease. Read More: https://www.promedmail.org/post/6620808

SCRUB TYPHUS (INDIA), 13 Aug 2019, Scrub typhus has killed 4 people in Himachal Pradesh while 241 others have tested positive. Scrub typhus is an acute illness caused by a bacterium _Orientia tsutsugamushi_, which is transmitted by the bite of an infected mite larva [chigger] present in the soil having scrub vegetation.

Read More: https://www.promedmail.org/post/6620603

TULAREMIA (SPAIN), 13 Aug 2019, The detection of 3 new cases of tularemia in Villarramiel, Osorno and Palencia, brings to 23 the number of people affected by this disease associated with the overpopulation of voles in the province of Palencia, where they are studying 32 other possible cases. Read More: https://www.promedmail.org/post/6620535

JAPANESE ENCEPHALITIS & OTHER (INDIA), 13 Aug 2019, Out of 57 individuals, 13 have tested positive for Japanese encephalitis (JE) in [Nagaland] State, with reports of 2 dying till date due to the vector-borne disease. Read More: https://www.promedmail.org/post/6619171

HEPATITIS E (CHINA), 12 Aug 2019, The Hong Kong Centre for Health Protection (CHP) today [9 Aug 2019], reported investigating a case of human infection of rat Hepatitis E virus (HEV) involving a 43-year-old man with underlying illnesses. The case had presented with liver function derangement since May 2019. Read More: https://www.promedmail.org/post/6618757

TULAREMIA (**ITALY**), 12 Aug 2019, An 18 month old girl suffered swollen lymph nodes and fever after being bitten by a tick. The child had always been previously in good health. Read More: https://www.promedmail.org/post/6618832

RUBELLA (JAPAN), 11 Aug 2019, This week, the Centers for Disease Control and Prevention (CDC) reviewed a travel notice last updated in March 2019 concerning travel to Japan and the rubella outbreak. Read More: https://www.promedmail.org/post/6617360

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.health.maryland.gov/ or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website: http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx

Please participate in the Maryland Resident Influenza Tracking System (MRITS): http://flusurvey.health.maryland.gov

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE		
	Allegany County		
Pagions 1 & 2	Frederick County		
Regions 1 & 2	Garrett County		
	Washington County		
	Anne Arundel County		
	Baltimore City		
Pagion 3	Baltimore County		
Region 3	Carroll County		
	Harford County		
	Howard County		
	Caroline County		
	Cecil County		
	Dorchester County		
	Kent County		
Region 4	Queen Anne's County		
	Somerset County		
	Talbot County		
	Wicomico County		
	Worcester County		
	Calvert County		
	Charles County		
Region 5	Montgomery County		
	Prince George's County		
	St. Mary's County		

